



Department of Medical Assistance Services
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<http://www.dmas.state.va.us>

MEDICAID MEMO

TO: All Prescribing Providers, Pharmacists, and Managed Care Organizations (MCOs)
Participating in the Virginia Medical Assistance Programs

FROM: Cynthia B. Jones, Director
Department of Medical Assistance Services (DMAS)

MEMO: Special

DATE: 11/26/2012

SUBJECT: Modifications to the Virginia Medicaid Preferred Drug List (PDL) Program, New Drug Utilization Review (DUR) Board approved Service Authorization (SA) Requirements, and Changes to the Coverage of Benzodiazepines and Barbiturates for Medicare/Medicaid Dual Eligibles – **Effective January 1, 2013**

The purpose of this memorandum is to inform providers about modifications to Virginia Medicaid's Fee-for-service Preferred Drug List (PDL) Program, the new DUR Board approved SA requirements that will be effective on January 1, 2013 and changes to the coverage of Benzodiazepines and Barbiturates for Medicare/Medicaid dual eligibles.

Preferred Drug List (PDL) Updates – Effective January 1, 2013

The PDL is a list of preferred drugs, by select therapeutic class, for which the Medicaid Fee-for-service program allows payment without requiring service authorization (SA). *Please note that not all drug classes are subject to the Virginia Medicaid PDL.* In the designated classes, drug products classified as non-preferred will be subject to SA. In some instances, other additional clinical criteria may apply to a respective drug class which could result in the need for a SA.

The PDL program aims to provide clinically effective and safe drugs to its members in a cost-effective manner. Your continued compliance and support of this program is critical to its success. The PDL information in this Memo applies for the Medicaid and FAMIS Plus fee-for-service populations. The PDL **does not** apply to members enrolled in a Managed Care Organization (MCO). Many Medicaid members are enrolled with one of the Department's contracted MCOs. In order to be reimbursed for services provided to a MCO enrolled individual, providers must follow their respective contract with the MCO. The MCO may utilize different PDL, prior authorization, billing and reimbursement guidelines than those described for Medicaid and FAMIS fee-for-service individuals. Additional information about the DMAS MCO program can be found at http://www.dmas.virginia.gov/Content_pgs/mc-home.aspx.

The DMAS Pharmacy and Therapeutics (P&T) Committee conducted its annual review of the PDL Phase I drug classes on October 18, 2012 and approved the following **changes** to Virginia Medicaid's PDL:

Drug Class	Preferred	Non-Preferred (requires SA)
Angiotensin Modulators		Enalapril HCTZ
	Ramipril	
Antihistamines, Minimally Sedating		Cetirizine Solution 5 MG/5 ML OTC
		Loratadine ODT OTC
Bladder Relaxant Preparations		Enablex [®]
		Myrbetriq [®]
BPH Treatments	Alfuzosin	
COPD Agents	Ipratropium/Albuterol (inhalation)	
		Tudorza Pressair
Glucocorticoids, Inhaled	Pulmicort Flexhaler [®]	
Intranasal Rhinitis Agents		Fluticasone
	Nasonex [®] (nasal)	
	Patanase [®] (nasal)	
Lipotropics, Other	Cholestyramine/Aspartame	
		Colestid [®] Granules
		Colestid [®] Tablet
		Lovaza [®]
Lipotropics, Statins	Atorvastatin	
		Simcor [®]
Nasal Steroids	Nasonex [®]	
		Dymist [™]
		Fluticasone
		Zetonna [®]
Phosphate Binders	Calcium Acetate 667 mg Capsule	Calcium Acetate 667 mg Tab
		Phoslo [®]
Proton Pump Inhibitors		Omeprazole Magnesium OTC
		Omeprazole OTC
		Prevacid [®] Capsules OTC
	Prilosec [®] OTC	
Ulcerative Colitis Agents		Mesalamine Kit (rectal)

The self-injected epinephrine drug class has been taken off the preferred drug list. All rebateable drugs in this class now have open access.

The Committee also approved the following changes in the clinical criteria for Growth Hormones and Pradaxa[®]:

Growth Hormone

Criteria for PEDIATRIC Patients (18 years of age and under: Renewal Requests)

- For renewal, a response must be documented. Patient must demonstrate improved/normalized growth velocity. (Growth velocity has increased by at least 2 cm in the first year and is greater than 2.5 cm per year), AND
- Patient height is more than 1 standard deviation (2") below mid-parental height (unless parental height is diminished due to medical or nutritional reasons).

Pradaxa[®]

- Length of Authorization: 1 year
- Diagnosis of non valvular atrial fibrillation;
- If patient is taking a P-gp inducers such as rifampin; Pradaxa[®] should not be used, an alternate antithrombotic therapy should be used (new)
- If the patient taking a P-gp inhibitors such as; dronedarone (Multaq[®]) or systemic ketoconazole (Nizoral[®], or others) in patients with moderate renal impairment (CrCl 30-50 mL/min): Consider reducing Pradaxa[®] dose to 75 mg twice daily and in patients with severe renal impairment (CrCl <30mL/min): Pradaxa[®] use not recommended (new)
- Use with caution in people over 75 years (new)
- Assess renal function prior to initiation of treatment. Periodically assess renal function as clinically indicated (i.e., more frequently in clinical situations that may be associated with a decline in renal function) and adjust therapy accordingly.
- For patients with CrCl >30 mL/min: 150 mg orally, bid
- For patients with CrCl 15-30 mL/min: 75 mg orally, bid

The PDL with criteria can be found at http://www.dmas.virginia.gov/pharm-pdl_program.htm or <https://www.virginiamedicaidpharmacyservices.com/>. In addition a faxed copy of the PDL can be obtained by contacting the Clinical Call Center at 1-800-932-6648. Additional information and Provider Manual updates will be posted as necessary. Comments and questions regarding this program may be emailed to pdlinput@dmas.virginia.gov.

DMAS Drug Utilization Review Board Activities

The DMAS Drug Utilization Review Board (DUR Board) met on August 16, 2012 and November 15, 2012 and recommended that DMAS require prescribing providers to submit a Service Authorization (SA) for the use of the following drugs based on FDA approved labeling effective January 1, 2013:

- Korlym[®] (mifepristone)
- Potiga[®] (ezogabine)
- Elelyso[®] (taliglucerase alfa)

Prescribers can initiate SA requests by letter; faxing to 1-800-932-6651; contacting the Magellan Clinical Call Center at 1-800-932-6648 (available 24 hours a day, seven days a week); or by using the web-based service authorization process (Web SA). Faxed and mailed SA requests will receive a response within 24 hours of receipt. SA requests can be mailed to:

Magellan Medicaid Administration
ATTN: MAP Department/ VA Medicaid
11013 W. Broad Street
Glen Allen, Virginia 23060

Copies of the SA forms which include the criteria are available online at <https://www.viriniamedicaidpharmacyservices.com>.

Changes in Coverage of Benzodiazepines and Barbiturates for Medicare/Medicaid Dual Eligibles

Effective January 1, 2013, DMAS will no longer pay for benzodiazepines and barbiturates for the treatment of epilepsy, cancer or a chronic mental health condition for recipients who have both Medicare and Medicaid coverage (dual eligibles). These classes of drugs will be covered by their Medicare Part D plan effective January 1, 2013. Medicare Part D plans will cover benzodiazepines for all conditions and barbiturates for epilepsy, cancer or a chronic mental health condition. DMAS will continue to cover barbiturates for conditions other than epilepsy, cancer and a chronic mental health condition for dual eligibles. Barbiturate coverage, however, will require a service authorization through the DMAS PDL contractor, Magellan Medicaid Administration in order to document that the treatment is for a condition other than the three covered by their Part D plan. Contact information for the DMAS PDL and service authorization contractor is provided below.

PDL Service Authorization (SA) Process

A message indicating that a drug requires a SA will be displayed at the point of sale (POS) when a non-preferred drug is dispensed. Pharmacists should contact the member's prescribing provider to request that they initiate the SA process. Prescribers can initiate SA requests by letter; faxing to 1-800-932-6651; contacting the Clinical Call Center at 1-800-932-6648 (available 24 hours a day, seven days a week); or by using the web-based service authorization process (Web SA). Faxed and mailed SA requests will receive a response within 24 hours of receipt. SA requests can be mailed to:

Magellan Medicaid Administration
ATTN: MAP Department/ VA Medicaid
11013 W. Broad StreetGlen Allen, Virginia 23060

A copy of the SA form is available online at <https://www.viriniamedicaidpharmacyservices.com>. The PDL criteria for SA purposes are also available on the same website.

Useful Telephone Numbers For Medicaid Participating Pharmacies	Telephone Number(s)	Information Provided
Pharmacy Call Center	1-800-774-8481	Pharmacy claims processing questions, including transmission errors, claims reversals, etc., the generic drug program, problems associated with generic drugs priced as brand drugs, obsolete date issues, determination if drug is eligible for Federal rebate
Preferred Drug List (PDL) & Service Authorization Call Center	1-800-932-6648	Questions regarding the PDL program, service authorization requests for non-preferred drugs, service authorization requests for drugs subject to prospective DUR edits
Maximum Allowable Cost (MAC) Specialty Maximum Allowable Cost (SMAC) Call Center	1-866-312-8467	Billing disputes and general information regarding multi-source drugs subject to the MAC program, and billing disputes and general information related specialty drugs subject to the SMAC Program
Provider Helpline	1-800-552-8627 In state long distance 1-804-786-6273	All other questions concerning general Medicaid policies and procedures
MediCall	1-800-884-9730 or 1-800-772-9996	Automated Voice Response System for Verifying Medicaid Eligibility
Medicaid Managed Care Organization (MCO) Information	Amerigroup 1-800-600-4441 Anthem 1-800-901-0020 CareNet 1-800-279-1878 Majesticare 1-866-996-9140 Optima 1-800-881-2166 VA Premier 1-800-828-7989	Questions relating to Medicaid Recipients enrolled in Medicaid Managed Care Plans

PDL 72-Hour-Supply Processing Policy and Dispensing Fee Process

The PDL program provides a process where the pharmacist may dispense a 72-hour supply of a non-preferred, prescribed medication if the prescriber is not available to consult with the pharmacist (after-hours, weekends, or holidays), **AND** the pharmacist, in his/her professional judgment, consistent with current standards of practice, feels that the patient's health would be compromised without the benefit of the drug. A phone call by the pharmacy provider to Magellan Medicaid Administration at 1-800-932-6648 (available 24 hours a day, seven days a week) is required for processing a 72-hour supply. The member will be charged a co-payment applicable for this 72-hour supply (partial fill). However, a co-payment will not be charged for the completion fill. The prescription must be processed as a "partial" fill and then a "completion" fill. For unit-of-use drugs (i.e., inhalers, drops, etc.), the entire unit should be dispensed and appropriate action taken to prevent similar situations in the future.

Pharmacy providers are entitled to an additional \$3.75 dispensing fee when filling the completion of a 72-hour-supply prescription for a non-preferred drug. To receive the additional dispensing fee, the pharmacist must submit the 72-hour supply as a partial fill and, when submitting the claim for the completion fill, enter "03" in the "Level of Service" (data element 418-DI) field. The additional dispensing fee is only available (one time per prescription) to the pharmacist after

dispensing the completion fill of a non-preferred drug when a partial (72-hour supply) prescription was previously filled.

Mobile Device Download for PDL

There are two ways to download the PDL to mobile devices. There is a link on the DMAS website (http://www.dmas.virginia.gov/pharm-pdl_program.htm) which enables providers to download the PDL to their mobile device. This page will have complete directions for the download and HotSync operations.

ePocrates[®] users may also access Virginia Medicaid's PDL through the ePocrates[®] formulary link at www.epocrates.com. ePocrates[®] is a leading drug information software application for mobile devices and desktop computers. For more information and product registration, please visit the ePocrates[®] website at www.epocrates.com. To download the Virginia Medicaid PDL via the ePocrates[®] website to your mobile device, please follow these steps:

1. Ensure that you have the most recent version of ePocrates Rx[®] installed on your mobile device.
2. Connect to the Internet and go to www.epocrates.com.
3. Click the "Add Formularies" link at the top of the page.
4. Log in to the website using your user name and password.
5. Select "Virginia" from the "Select State" menu.
6. Select "Virginia Medicaid-PDL" under "Available Formularies."
7. Click on "Add to My List" and then click on "Done."
8. Auto Update your mobile device to install the "Virginia Medicaid-PDL" to your mobile device.

VIRGINIA MEDICAID WEB PORTAL

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, check status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: www.virginiamedicaid.dmas.virginia.gov. If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Xerox State Healthcare Web Portal Support Helpdesk, toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider. Providers may also access service authorization information including status via KePRO's Provider Portal, effective October 31, 2011 at <http://dmas.kepro.com>.

ELIGIBILITY VENDORS

DMAS has contracts with the following eligibility verification vendors offering internet real-time, batch and/or integrated platforms. Eligibility details such as eligibility status, third party liability, and service limits for many service types and procedures are available. Contact information for each of the vendors is listed below:

<u>Passport Health Communications,</u> <u>Inc.</u> www.passporthealth.com sales@passporthealth.com <u>Telephone:</u> <u>1 (888) 661-5657</u>	<u>SIEMENS Medical Solutions –</u> <u>Health Services</u> <u>Foundation Enterprise</u> <u>Systems/HDX</u> www.hdx.com <u>Telephone:</u> <u>1 (610) 219-2322</u>	<u>Emdeon</u> www.emdeon.com <u>Telephone:</u> <u>1 (877) 363-3666</u>
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“HELPLINE”

The “HELPLINE” is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The “HELPLINE” numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the “HELPLINE” is for provider use only. Please have your Medicaid Provider Identification Number available when you call.